### Medical Policy

#### Therapeutic Lens

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### Overview

The purpose of this document is to describe the guidelines AllWays Health Partners utilizes to determine medical appropriateness for therapeutic lenses for AllWays Health Partners members. The treating specialist must request prior authorization for therapeutic lenses.

### Coverage Guidelines

AllWays Health Partners covers therapeutic lens (Conventional Contact Lens and Scleral Lens) when authorized prior to the procedure and meets medical necessity criteria. The specialist and/or the primary care provider are responsible for providing all necessary clinical information. Medical necessity criteria are based upon a review of current medical literature and local practices.

#### Conventional Contact Lens

AllWays Health Partners considers a conventional contact lens (soft or rigid gas-permeable corneal lens) as medically necessary for members with any of the following conditions:

- Keratoconus or other corneal ectasia, or irregular astigmatism that cannot be corrected with spectacles.
- Anisometropia of more than 3.00 diopters (D)
- Hyperopia of more than 7.00D
- Myopia of more than 7.00D
- Post-operative cataract extraction

#### Scleral Lens

AllWays Health Partners covers Scleral Lens for members when ALL of the following criteria have been met as specified below in EITHER item A or item B.

A. The member has impaired vision, requires medically necessary vision correction, and **conventional glasses or conventional contact lenses are insufficient.** The scleral lens must significantly improve vision. OR

B. The member requires a moist corneal bandage (scleral lens) for medical treatment of severe ocular surface disease, **AND conventional treatments** \(^1\) **are contraindicated or** have failed to treat one of the following conditions (not an all-inclusive list):

1. Severe Dry Eye Disease/Dry Eye Syndrome

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\(^1\) Conventional treatments, can include the following:

- Topical medications for patients with ocular surface disease
- Standard contact lenses for patients with corneal ectatic disorders and irregular astigmatism
- Corneal transplant surgery (associated with risks)
1. Ocular chronic graft versus host disease (GVHD)
2. Sjögren’s syndrome

2. Limbal Stem Cell Deficiency
   a. Stevens-Johnson syndrome (SJS) or toxic epidermal necrolysis syndrome (TENS)
   b. Aniridia
   c. Cicatricial conjunctivitis/ocular cicatricial pemphigoid
   d. Chemical/thermal/radiation injury

3. Neurotrophic Keratopathy
   a. Congenital Corneal Anesthesia
      • Hereditary Sensory and Autonomic Neuropathy
   b. Acquired Neurotrophic Keratitis
      • Ocular Herpes simplex or Herpes zoster ophthalmicus
      • Diabetes-related
      • Trigeminal nerve dysfunction after surgery for acoustic neuroma or trigeminal nerve disorder
      • Exposure keratopathy

4. Corneal Degenerations and Dystrophies including but not limited to:
   a. Keratoconus
   b. Pellucid marginal degeneration
   c. Terrien’s marginal degeneration
   d. Salzmann’s nodular degeneration

5. High or irregular post-operative Astigmatism
   a. Cornea transplant -penetrating keratoplasty (PK), deep anterior lamellar keratoplasty (DALK) or patch graft (lamellar keratoplasty)
   b. Refractive surgery - Radial keratotomy (RK), photorefractive keratectomy (PRK) or laser-assisted keratomileusis (LASIK)
   c. Corneal intra-stromal implants (Intacs)

6. High or irregular astigmatism after trauma, infection or surgery

7. Extensive corneal scarring after trauma or infection or surgery that leads to blindness and is cosmetically disfiguring

**PROSE (Prosthetic Replacement of the Ocular Surface Ecosystem) Lens:**
Requests for PROSE device (the scleral cover shell or moist corneal bandage) for severe ocular surface disease and corneal surface distortions will be reviewed on a case by case basis. Prior authorization is required. As part of the review, contraindications to and failure of conventional treatment will be given consideration (see footer on previous page for definition of conventional treatments).

**Exclusions**
1. Scleral lens for ordinary refractive error

**Definitions**
Anisometropia: A condition in which the lenses of the two eyes have different focal lengths and are in different states of myopia (nearsightedness) and hyperopia (farsightedness).

Aphakia: Aphakia is the absence of the lens of the eye, due to surgical removal, a wound, ulcer, or as a condition present at birth (congenital anomaly).

Keratoconus: A degenerative vision disorder that occurs when the normally round cornea becomes thin and irregular (cone) shaped. This abnormal shape prevents the light entering the eye from being focused correctly on the retina and causes distortion of vision.

LASIK: Eye surgery in which the surface of the cornea is reshaped using a laser, performed to correct certain refractive disorders such as myopia.

PROSE: Prosthetic Replacement of the Ocular Surface Ecosystem (PROSE), a medical treatment for complex corneal disease developed by Boston Foundation for Sight.

Scleral Lens: A contact lens generally worn directly on the sclera, which fits underneath the top and bottom eyelids.

Therapeutic Lens: Lenses that provide visual rehabilitation for diseased or altered eyes.

### CPT/HCPCS Codes

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**Effective**

January 2021: Annual review. The following changes were made:
- Updated Coverage Guidelines and Conventional Contact Lens sections.
- Coverage criteria for Sclera Lens clarified and updated:
  - Clarified definition of conventional treatment
  - Removed term “conservative” in regard to treatment
  - Added “Sjögren’s syndrome” as example of Severe Dry Eye Disease
  - Changed “Neurotrophic Keratitis” to “Neurotrophic Keratopathy”
  - Removed “Post-surgery for trigeminal nerve dysfunction” and “Seckles Syndrome”
  - Added: “Hereditary Sensory and Autonomic Neuropathy”
  - Clarified and added conditions under Acquired Neurotrophic Keratitis”
Added the words “including but not limited to” following Corneal Degenerations and Dystrophies
Added “Salzmann’s nodular degeneration” under Corneal Degenerations and Dystrophies
Renamed “Post Operative Astigmatism” to “High or irregular post-operative Astigmatism”
Added “deep anterior lamellar keratoplasty (DALK) or patch graft (lamellar keratoplasty)”
Added “Corneal intra-stromal implants (Intacs)” and “High or irregular astigmatism after trauma, infection or surgery”
• Under PROSE section, removed the exclusion “Vision problems related to diabetes unless as listed above.”
• Updated PROSE section to clarify coverage.
• References updated.

November 2019: Annual review. References updated. Added Post-operative cataract extraction (limited to one set of contact lens per surgery) as a medical condition under conventional contact lens.
October 2018: Annual review
August 2016: Annual review
August 2015: Annual review
August 2014: Annual review
June 2013: Annual review
June 2012: Effective date

References

Boston Foundation for Sight. Prose Treatment: Information for Patients and Doctors


